

PEDIATRIC

BASIC LIFE SUPPORT GUIDELINE

SPINAL IMMOBILIZATION

The head is larger in proportion to the rest of the body in children thus making the cervical spine vulnerable to injury. Anytime a child sustains a head injury, assume a neck injury.

INDICATIONS: <ul style="list-style-type: none">Any suspicious mechanism of injury above the clavicles, including head, neck, face or spinePain or tenderness of the neck or spineDeformity of the spineSigns or symptoms of weakness or loss of sensationAltered level of consciousness after injury	POTENTIAL ADVERSE EFFECTS <ul style="list-style-type: none">Worsening of the injury if forceful restraint is required CONTRAINDICATIONS: <ul style="list-style-type: none">Combativeness if the risk of agitation is greater than the benefit of full immobilization
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- If the child is in an unstable or unsafe environment, quickly remove the patient onto the long spine board using manual stabilization techniques.
- Assess the patient, treat ABC problems, obtain baseline vitals and consider transport plan based on general impression.
- Explain procedure to the patient and caregiver/parent:
 - Align head and neck into a neutral position
 - Do not force if there is resistance to movement or indication of increased pain, stabilize in position found
- Apply size appropriate cervical collar:
 - Evaluate the neck area that will be covered by the collar
 - A c-collar may not fit, towel rolls may be more appropriate.
- Transfer child to long spine board or vest type immobilization device (KED , XP1):
 - If available pad under the child from shoulders to heels in order to compensate for large occipital area of head. Use adequate padding to fill gaps and voids; provide adequate immobilization
 - You may need to provide padding below the shoulders to maintain neutral position in infants or under the back of the head in older children
 - Most children under the age of 2 will require padding**
- Remove children from car seats for assessment and provide immobilization as above if indicated.

The Idaho EMSC Project has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This guideline is for reference and may be modified at the discretion of the EMS Medical Director. It is recommended that care be based on the child's clinical presentation and on authorized policies and protocols.